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“Helping those who serve”

2019 SKEET-N-EAT ENTRY FORM

September 20, 2019

TEAM: _____

NAME: _____

STREET: _____

CITY: _____ STATE: _____ Zip: _____

PHONE: _____

EMAIL: _____

ENTRY FEE: \$70.00 in advance, \$85.00 at the event if space is available. Limited to 120 shooters (Includes 1 round of skeet, lunch and hat)

Additional LUNCHES \$10.00
(1 lunch included with each entry)

Fee	Quantity	Amount
Registration		
Additional Lunch		
TOTAL	-----	

I, the undersigned, do hereby acknowledge and agree to the following for and on behalf of myself and each person or party who is or may be accompanying me:

I hereby personally assume all risk in connection with shooting and other activities which may be conducted upon the premises of or in connection with Old Forge Sporting Clays and further release Old Forge Sporting Clays and the Chesterfield Professional Firefighters Charitable Foundation and their personnel for any injury or damage which may befall me or any person in my party or my dog(s) while on or about the premises of Old Forge Sporting Clays including all risk connected therewith from shooting or otherwise, whether foreseen or unforeseen, and further agree to save and hold harmless Old Forge Sporting Clays. and the Chesterfield Professional Firefighters Charitable Foundation and their personnel from any claim by me, or my family, estate, heirs, other persons in my party, or assigns, arising out of or in connection with any activity which I or any party accompanying me may engage in upon the premises of Old Forge Sporting Clays or in relation thereto. Old Forge Sporting Clays and the Chesterfield Professional Firefighters Charitable Foundation are not responsible for loss or damage to any equipment, property, vehicle, or articles left therein or on the premises of Old Forge Sporting Clays in case of fire, theft, vandalism or accident or any other cause.

I have read the range rules posted on the outside of the pro shop and I both understand them and agree to abide by them. I will report to management anyone I see violating any of these rules and I understand that I will be asked to leave the premises without a refund if I violate any of these rules.

I have read and agree to abide by the rules of this tournament.

Signed _____

Date _____

Make checks payable to: **CPFF Charitable Foundation**

Mail the entry form with your payment to:

CPFF Charitable Foundation

P.O. Box 812

Chesterfield, VA 23832

Mail entries must be received by September 15th

Enter online at: WWW.CPFFCF.ORG